Ohio Campaign Finance Report

CU DEC 15 PH 2: 56

Prescribed by Secretary of State 3/05

			y or state 5705				19. 19.74		
Full Name of Committee					Registr	ration Nur	nber, if I	PAC	Or EL
Committee to Elec	t Andrea Peeple	es for Judge			1				
Full Name of Candidate			·				· · · · ·		
Andrea C. Peeples	5								ı
Street Address			Office Sough		1	· ·	Distric		
21 E. State Street, 12	2th Floor		Office Sough Frank! MUNICIP	al Cour	14 Ju	dup			
City					State	Zip Co	de		
Columbus				0	H	432	215		*
						1 202		Annual	Year
	Pre-Primary	Post-Primary	Pre-General	V	Post-Ge	eneral			1
	July	August	September				1	Semian	nual
	Monthly	Monthly	Monthly	1	Termin.	ation		1	ı
Amended Report?		onically filed?			М		D	1	Y
Yes ☑ No		Yes No		7 1	1/	$\mid D \mid$	18	0	15
	* *						┷—		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

MARCHEN CO. C.	\$ 25 246.4/
and the second s	7910.00
	10500,00
Allessa (1) O Calbring Servi Dide (Sun Ven	\$ 43656,41
Julianica e neglines como a Tra	\$ 41743,57
Canada namadan James na	\$ 1912.84
A CALLERY OF THE STATE OF THE S	\$ 280,39
	\$
To support of the Conference	\$ 2 <i>5 5</i> 00,00
G Karangah dan saksat dan sahijura sasa sahiju	\$
	\$
	\$
	\$
Bendania Bandania (1995) (1995	

THE INFORMATION CONTAINED	IN THIS REPORT IS MADE UNDER THE PE	NALTY OF ELECTION FALSIFICATION	WHOEVER
COMMITS ELECTION FALSIFICA	TION IS GUILTY OF A FELONY OF THE FI	FTH DEGREE	WHOEVER
John Curp Trea	surer ()	\mathcal{P}	10/11/05
Print Name and Title (Treasurer and De	puty Treasurer only) Signature		Date
Contribution	Expenditure	Other	Total
pages 2	pages 2	pages 4	pages R
	-		10

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Elect Andrea Peeples fo	r Indoe	,					
Full Name of Contributor	ı juug.			Registra	tion Num	ber if P/	<u> </u>
Ariane R. Young							
Street Address	Employe	г/Оссира	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
1950 Roosevelt PL							Check
City	Sta		Zip Code	М	D	Y	Amount
Gary	\	N	46404	10	23	05	
Full Name of Contributor				Registra	tion Num	ber, if PA	VC .
Yvonne B Clark Street Address	In 1	1.2.	· · · · · · · · · · · · · · · · · · ·				
	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
4706 Brownstone Ln	Sta	4	Zip Code	1		-,	check
Houston	_ .	χ	77053	M	D 2 3	Y 431≤7	Amount ZO.OO
Full Name of Contributor		^_	1 103 3		tion Num	1	
Jane A. Peeples				VeRion a	HOH ITUM	OCT, 11 F &	aC
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
6401 Stoll Lane			-				check
City _	Sta	1	Zip Code	М	D	Y	Amount
Cincinnati		14	45236	$l \triangleright l$	23	0 5	50.00
Full Name of Contributor	-			Registrat	tion Num	er, if PA	
Alta EMPSON Street Address							
	Employer	/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)
	<u> </u>						CreditCard
Vienna	V Stat	te A	Zip Code 22182	M	D	Y	Amount
Full Name of Contributor	V	/4	16 C10 W	10	21	05	100.00
Tori Parker				Registrat	ion Numb	er, if PA	C
Street Address	Employer	/Occupa	tion/Labor Organization*	<u> </u>			*
833 Lindenhaven Rd		Occup.	ROIN PRINCIPLE CIRPUTATION				Form (Cash, Check, etc.)
City	Stat		Zip Code	М	D	Y	Check
Gahanna	0		43230	10			75-00
Full Name of Contributor				Registrat	ion Numt		
Paula J. Lloyd							
Street Address	Employer/	Осспра	tion/Labor Organization*				Form (Cash, Check, etc.)
8055 Fairway Dr	<u> </u>						check
Columbus	Stat		Zîp Code	М	D	Y	Amount
Full Name of Contributor	0	H	43235		a 3		
				Registrati			
Brenda J. Davis	I Complexed	^		L			
6340 Autumn Crest Ct	Empioyer	Occupat	tion/Labor Organization*			ľ	Form (Cash, Check, etc.)
City City	State		Zip Code	1,7	~ -		Check
Westerville		H	43082	M	20	۷ 0 ح	Amount
Full Name of Contributor		,	4 30 0 ac	Registrati			30-00
J. Tyler Rogers				Negladau	On Marino	er, II r/w	
Street Address	Employer/	Occupat	ion/Labor Organization*			- 1	Form (Cash, Check, etc.)
44 Pickett Place	}	•				ľ	
City	State	: 2	Zip Code	М	D	Y	Check Amount
New Albany	0	H	43054	10		05	200.00
16				-			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 700.00

Prescribed by Secretary of State 3/05

Name of Commuttee in Full		· · · · · · · · · · · · · · · · · · ·			
Committee to Elect Andrea Peeples for	Judgo				
Full Name of Contributor	Judge		In the c	N 1 100	
Joshva T. Cox			Registration	Number, if P	AC .
Street Address	Employer/Occur	ation/Labor Organization*			Form (Cash, Check, etc.)
60 Sheffield Road	1	\			1
City	State	Zip Code	М) Y	Check
Columbus	OH	43214		13015	25.00
Full Name of Contributor				Number, if P	
Jason Macke		•	1		
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
2319 N. Fourth St.					check
City C (State	Zip Code	M I	Y	Amount
Columbus	OH	43202	102	505	50.00
Full Name of Contributor	_		Registration	Number, if PA	AC
learnsters Local Union No. 413	Drive	Fund			
Street Address	Employer/Occup	ation/Labor Organization*		-	Form (Cash, Check, etc.)
555 E. Rich Street					check
Columbus	State	Zip Code	M	. I '	Amount
Full Name of Contributor	0 4	43215		505	
	L CIO	D.C.	Registration	Number, if PA	AC
Street Address		ation/Labor Organization*	<u> </u>		F (O. 1. 67. 1
Columbus Franklin County AFI Street Address 1545 Alum Creek Dr		odon Enton Organization			Form (Cash, Check, etc.)
City	State	Zip Code	M D	Y	Check Amount
Columbus	OIH	43709	10/2		200.00
Full Name of Contributor		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Number, if PA	
Kilroy for Commissioner				41, 11	
Street Address	Епфіоуег/Оссира	ation/Labor Organization*	<u></u>		Form (Cash, Check, etc.)
3886 N. High Street					check
Columbus	State	Zip Code	M D	Y	Amount
	ОН	43214	102	705	250.00
Full Name of Contributor			Registration 1	Number, if PA	C
Jeffrey D Porter Street Address					
	Employer/Occupa	tion/Labor Organization*			Form (Cash, Check, etc.)
City S. Richardson Aue					Check
Columbus	State	Zip Code	M D		Amount
Full Name of Contributor	OH	43204		405	100.00
an in the containing of the co			Registration I	Number, if PA	C
Street Address	Employer/Ossuma	tion/I shor Ownering tight	<u> </u>		
	Employer/Occupa	tion/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	177 1 5		
	I	Zip Code	М В	Y	Amount
Full Name of Contributor			Registration I	Jumbon if DA	
Contributions from Form 31-E			rwgisaauon r	чиност, и РА	
C	Employer/Occupa	tion/Labor Organization*			Form (Cash, Check, etc.)
		4			CHILL (CROIL, CHECK, CIC.)
City	State	Zip Code	M D	ΙΥ	Amount
			110 21		1010.00
quired for contributions from individuals over \$100 to etatowide and			للللا		,0,0.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1735,00

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R	C.	35	17.	10

Page 4	
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Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Elect Andrea Peeples for	Tudge						
Full Name of Contributor	7		·	Registra	tion Nun	ber, if PA	AC
Dan Stewart for State Repre	tues.	atio	Ve				
Street Address	Employer/	Оссира	ation/Labor Organization*		·		Form (Cash, Check, etc.)
947 Goodale Blud	1						check
City	State	e	Zip Code	М	D	Y	Amount
Columbus	011	14	43212	110	24	05	50.00
Full Name of Contributor				Registra		ber, if PA	
Edward J Leonard							
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
4025 Berry bush Drive	<u>L</u>						check
City	State	e	Zip Code	М	D	Y	Amount
Columbu S Full Name of Contributor	0	H	43230	110	24	0 5	100.00
				Registra	tion Nun	ber, if PA	c
I.B.E.W C.O.P.E. Street Address		_					
Street Address	Employer/	Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)
900 Seventh Street, NW							check
	State	_	Zip Code	М	D	Y	Amount
Washington	0	<u> </u>	20001			0 5	
Full Name of Contributor						ber, if PA	.C
Laborer Int'l Union of North /	Americ	ca. 1	Local 423 PAC FO	ne	LA	912	· · · · · · · · · · · · · · · · · · ·
	Employer/	Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)
620 Alum Creek Dr	<u> </u>						check
Columbus	State		Zip Code	M	D	Y	Amount
Full Name of Contributor	0 1	*	43205			o 2_	500.00
1				Registra	tion Num	ber, if PA	c
Eula D. Clemmons Street Address	Emulacia.						
	спрюуси	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
3449 Wilson Avenue	State		Zin Cada	1.77			check
Cincinnati	0 1		Zip Code 45229	M	D Ala	Y	Amount
Full Name of Contributor	0 1		43227			05	50.00
1 .				rcgisua	uon Num	ber, if PA	C
James Lowry Street Address	Employer/	Occuma	tion/Labor Organization*				F (0 1 0)
2420 Larkfield Road	Limpioyear	оссира	don Labor Organization				Form (Cash, Check, etc.)
City	State		Zip Code	М	D	V	check
Cincinnati	01		-				Amount
Full Name of Contributor		ĮΥ	10222			ber, if PA	50.001
Jolia L. Miller				regisual	ион мин	oei, ii PA	
Street Address	Employer/(Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
3219 Cooper Road	,						
City	State		Zip Code	М	D	Υ	Check_
Cincinnati		į	45241	10	25		100.00
Full Name of Contributor		,				ber, if PA	
Edwin Malek					(TWIII	, 11 1 A	· .
Street Address	Employer/0	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
1227 South High Street		7.	Q				check
City	State	; 1	Zip Code	M	D	Υ	Amount
Columbus	01		43206		2 6	015	130.00
				J. P.		7 2	120.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 20 30.00

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Committee to Elect Andrea Peeples for	Judge			
Full Name of Contributor	Registration Number, if I	PAC		
Vorys Sater Seymour and Peas	se LLP		OH109	
	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
52 E. GAY St				check
City	State	Zip Code	M D Y	Amount
Columbus	0 14	43215	102405	250.00
Full Name of Contributor			Registration Number, if I	AC
Columbus Sheet Metal Workers Co	mmon P	difical Educator	04105	3
Street Address	Employer/Оссщ	pation/Labor Organization*		Form (Cash, Check, etc.)
3035 Lamb Ave	<u> </u>			check
City	State	Zip Code	M D Y	Amount
Columbus	OTH	43219	110 25 015	250,00
Full Name of Contributor			Registration Number, if P	AC
Marlene Lynn				
Street Address 7725 Kelvin Way Drive City Worthington	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
7725 Kelvin Way Drive				check
City	State	Zip Code	M D Y	Amount
Worthington Full Name of Contributor	OH	43085	1027015	20.00
	·		Registration Number, if P	
Kevin L. Boyce-for City Council Com	nmitter			
Street Address		pation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
·	1			check
City	State	Zip Code	M D Y	Amount
Colombus	OH	43216	111017015	
Full Name of Contributor			Registration Number, if P	
Sandra Humphries Riviears Street Address			,	•••
Street Address	Employer/Occur	ation/Labor Organization*		Form (Cash, Check, etc.)
604 Manor Brook Drive	1	· ·		check
City	State	Zip Code	M D Y	Amount
Silver Springs	MID	20905	110310015	
Full Name of Contributor		D = 700	Registration Number, if P	L
Montal for Council			ACEBURATION PURIFICE, II P.	AC .
Mentel for Council Street Address	Employer/Occur	ation/Labor Organization*		Form (Cash, Check, etc.)
3886 N. High Street	, ,	· · ·		
City	State	Zip Code	M D Y	Check
Columbus	OH	43214	110405	
Full Name of Contributor		10217	Registration Number, if P.	230.00
Mul Reedy			registration runner, if F	nc.
Street Address	Employer/Occum	ation/Labor Organization*		r. (0.1 o. 1
		wavis Easter Organizacion		Form (Cash, Check, etc.)
City	State	Zip Code	ly la	Cash
Middletown	0 H	45044	M D Y	Amount
Full Name of Contributor	O I	13077	1110405	50.00
l \			Registration Number, if P.	AC
James Rishel	lc	-1-2-1-0		
	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
7288 Lee Road		Iz. o i		check
Westerville	State	Zip Code	M D Y	Amount
whited for contributions from individuals are \$100 as and id-	OH	43081	11101305	100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1270.00

31-	Α	
R.C.	3517.10	

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Prescribed by Secretary of State 3/05

Name of Committee in Full				-	
Committee to Elect Andrea Peeples for	ludge				
Full Name of Contributor	Ja		Registration 1	Number, if P	AC
Pavid Pritchard	·		1		
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc.)
1351 W First Avenue					check
City Culumbus Full Name of Contributor	State O H	Zip Code 43212	M D	1	Amount
Full Name of Contributor			Registration N		
Street Address	y at Lac	ند	1	- <u>-</u>	
	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc.)
2500 Corporate Exchange #151	<u> </u>				check
City _	State	Zip Code	M D	_	Amount
Columbus Full Name of Contributor	0 1	43231		105	50.00
			Registration N	lumber, if PA	VC
Bradley Hummel Stroet Address	To-palover/Occur	pation/Labor Organization*			-
2101 Flgin Road	Employer	Sation/Lagor Organización			Form (Cash, Check, etc.)
City	State	Zip Code	M D	Y	Check
Columbus Full Name of Contributor	OTH	43081	11101		
	<u> </u>	1 ·	Registration N	•	
Matthew A Eldridge Street Address	_				···
	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc.)
233 S High St		·			check
Cny	State	Zip Code	M D	Y	Amount
Columbus Full Name of Contributor	OH	43215	111 01		
		e .	Registration N	umber, if PA	ic
Verlenda Moore Street Address	Icambover/Occur	pation/Labor Organization*			
	Employer	ation/Lapor Organization			Form (Cash, Check, etc.)
106 Cherry St	State	Zip Code	M D	ΙΥ	Check
Monticello	AIR	71655	/11 01	T I	
Full Name of Contributor		11000	Registration N		
Vickie Eggleston Street Address				·	
	Employer/Occup	oation/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
606 Old Troy Rd					check
City	State	Zip Code	M D	Y	Amount
Monticello	AIR	71455	11105		
Full Name of Contributor			Registration N		
Bridget E Carty Street Address	- 20				
420 E Royal Forest Blud		ation/Labor Organization*			Form (Cash, Check, etc.) CNECK
City Columbus	State O H	Zip Code 43214	M D		Amount 75.00
Full Name of Contributor Brickert Eckler LLP			Registration N		
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
100 S. Third St.		•			Check
civ Columbus	State	Zip Code	M D	. 1	Amount
squired for contributions from individuals over \$100 to statewide and gene	0 1+	43215	11205	05	500.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 925.00

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R	C.	351	17.	10

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Page_	7	
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Prescribed by Secretary of State 3/05

Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·				
Committee to Andrea Peeples for Judg	~~		_	-		
Full Name of Contributor	<u>,e</u>		Decist	····les Nu	* iej	
Unknown subject to bank deposit veri	fication of	f items.	Kegio	tration Nun	nber, u .	'AC
Street Address		cupation/Labor Organization*				Form (Cash, Check, etc.)
		•				Check
City	State	Zip Code	М	D	Y	Amount
	1 1				1 1	500.00
Full Name of Contributor	<u> </u>		Registr	ration Nun	mber, if P	
Unknown subject to bank deposit verif					-	
Street Address		cupation/Labor Organization*				Form (Cash, Check, etc.)
	l	<u> </u>				Check
City	State	Zip Code	М	D	Y	Amount
						50.00
Full Name of Contributor			Registr	ration Nur	mber, if P	
Unknown subject to bank deposit verif				_		
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
						check
City	State	Zip Code	М	D	Т	Amount
				1	1	25.00
Full Name of Contributor			Registr	ation Num	mber, if P	
Unknown subject to bank deposit verif			<u> </u>			
Street Address		upation/Labor Organization*				Form (Cash, Check, etc.)
					i	check
City	State	Zip Code	М	D	TY	Amount
				1	1 , '	700,00
Full Name of Contributor			Registra	ation Num	nber, if P/	
Unknown subject to bank deposit verif					•••	
Street Address		upation/Labor Organization*				Form (Cash, Check, etc.)
	f				,	check
City	State	Zip Code	M	D	Y	Amount
, comment and an	1		1 '		11	50.00
Full Name of Contributor			Registra	ation Numl	nher. if P/	
Unknown subject to bank deposit verifi	ication of	items.	_	404	DC1,	ic.
C 11		upation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
-					7	
City	State	Zip Code	М	D	Y	Check Amount
	1 1 _	1.	1 1	171	111	75.00
Full Name of Contributor		<u></u>	Registra	ation Numb	her, if P/	
Unknown subject to bank deposit verifi	ication of	items.		10.,	July	i.C
		pation/Labor Organization*				Form (Cash, Check, etc.)
	1				,	
City	State	Zip Code	М	D	Υ	C he.clc Amount
,	1		171	111	1 1	50.00
Full Name of Contributor			Registra/	tion Numb	har if PA	
Unknown subject to bank deposit verifi	ication of	items.	100	Юн 11	ж	.C
		pation/Labor Organization*				Form (Cash, Check, etc.)
<u> </u>	1				-	• • • • • • • • • • • • • • • • • • • •
City	State	Zip Code	М	D	Y	C hock
- Company and Comp	1	tank.	171	111	$C \setminus J$	Amount 50_00
		<u></u>	\perp	4	4 9	100

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1000.00

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Page	1

Prescribed by Secretary of State 3/05

	<u></u>					
Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·				
Committee to Andrea Peeples for Judg	<u>де</u>					
_ ^			Registra	ation Nu	mber, if P	AC
Contractions from Form 31-E		- Control Constitution				
Street Address	Employer/Occi	cupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Izi- Codo	-137		1 1,	
City	Sian.	Zip Code	M	D	/ Y	Amount
Trull Manna of Co-minibation			444	04		
Full Name of Contributor			Registra	ation Nu	mber, if P	AC
Street Address	Employer/Occ	cupation/Labor Organization*				In (C-1 Charle sto)
	Line vy v	apanon Lawi Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	T D	ΤΥ	Amount
						Anoun
Full Name of Contributor			Registra	ation Nu	mber, if PA	AC.
			1	•		TC .
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Check, etc.)
	<u> </u>					
City	State	Zip Code	М	D	Y	Amount
			1 1	1 _		
Full Name of Contributor			Registra	ation Nur	mber, if PA	AC
			l	_		
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
					1	1
City	State	Zip Code	М	D	Y	Amount
			1_1_	1 1		i
Full Name of Contributor			Registra	tion Nur	mber, if PA	AC
			<u> </u>		<u></u>	
Street Address	Employer/Occu	upation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			<u> </u>			
Full Name of Contributor			Registra	tion Nun	nber, if PA	(C
Street Address	Employer/Occu	upation/Labor Organization*				Form (Cash, Check, etc.)
	<u> </u>					<u></u>
City	State	Zip Code	M	D	Y	Amount
0.00 425						
Full Name of Contributor			Registrat	tion Nun	nber, if PA	(C
Street Address	I 1					
Street Address	Employer/Occur	upation/Labor Organization*				Form (Cash, Check, etc.)
City				·		
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			لبلب	ـــــــــــــــــــــــــــــــــــــــ	ليلا	
run Name of Contributor			Registrat	tion Num	nber, if PA	.C
Street Address	I					
Sirect Address	Employer/Occup	pation/Labor Organization*			_	Form (Cash, Check, etc.)
City						
City ***	State	Zip Code	М	Ð	Y	Amount
				l <u>L</u>	1 1	!

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 250,00

3	1-	E		
R.	C.	351	7.10	0(B)

Event Date	10-25-05
Page	9

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee to Elect Andrea Peeples for Judge Registration Number, if PAC Fraternal Order of Police Political Education Fund Amount 520 South High Street 35 015 300.00 Zip Code State Form(Cash,Check,etc) Columbus OIH 43215 Check ull Name of Contributor Registration Number, if PAC Fornia, Luftman + Heck, LLP Employer/Occupation/Labor Organization* Two Miranova Place Ste 380 60.001 110 215 015 Zip Code Form(Cash,Check,etc) Columbus 014 43215 check Full Name of Contributor Registration Number, if PAC Jenna S tisch berg Employer/Occupation/Labor Organization* 1141 S Cassingham Rd 10 2505 100.00 State Zip Code Form(Cash Check etc) Columbus OH 43209 check Registration Number, if PAC Jennifer Employer/Occupation/Labor Organization* Amount 7482 Vista Lake Way 1102505 100.00 State Zin Code Form(Cash,Check,etc) Powell 43065 check. Full Name of Contributor Registration Number, if PAC Marchelle <u>E Moore</u> Street Address Employer/Occupation/Labor Organization* Amount 7918 Slate Ridge Blud 10 2505 80.00 Zip Code Form(Cash,Check,etc) Reynolds burg OTH 43068 check Registration Number, if PAC Bradley Employer/Occupation/Labor Organization* 2101 Elgin 1102505 50.00 State Zip Code Form(Cash,Check,etc) Columbus 0 H43221 Check Full Name of Contributor Registration Number, if PAC Mc Intosh Stephen Street Address Employer/Occupation/Labor Organization* Amount 799 Nob Hill Dr. W 50.00 215015 Zip Code Form(Cash,Check,etc) 0 14 Gahanna 43230 Check

Fill ir	the	boxes	below	oni	y on	the	last	page	for	this	even	ıt.
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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 780,00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10-25-05
Page	10

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full	1 reserrood by Sc	cleary of State 3703	
Committee to Elect Andrea Peeples for	Inda		
Full Name of Contributor	rjudge		
Edwin Kirby			Registration Number, if PAC
Street Address	Employer/Occur	pation/Labor Organization*	
4393 Colerain Avenue	Спрюусь/Осса	Dation/Labor Organization*	M D Y Amount
City	State	Zip Code	102505 50.00
Columbus	0 14	43214	Form(Cash,Check,etc)
Full Name of Contributor	1	173217	Check Registration Number, if PAC
Eleen Paley			Registration Number, if PAC
Eileen Paley Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
668 Bellamy Pl		Janos Lator Olganization	M D Y Amount (0 2 5 0 5 40.00
City	State	Zip Code	Form(Cash,Check,etc)
Columbus Full Name of Contributor	OH	43213	Check
			Registration Number, if PAC
Tannisha Bell Street Address	Employer/Occur	ation/Labor Organization*	M D Y Amount
617 Worthington Forest Place			10 2 5 0 5 25.00
City	State	Zip Code	Form(Cash,Check,etc)
Columbus	OH	43229	Check
Full Name of Contributor			Registration Number, if PAC
Gregory N. Finnerty Law Offic	e		
	Employer/Occup	ation/Labor Organization*	M D Y Amount
85 E Gray Street #702			102505 35.00
Columbus	State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor	OH	43215	Check
Heather Lang			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
3071 Birch Hollow Way			102505 10.00
City Columbus	State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor	OH	43231	Cash
Don Shartzer			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
373 S High St.			102505 20.00
Columbus	State O H	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor	O I	43215	Cash
Sean Boyle			Registration Number, if PAC
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y Amount
490 S High Street			110 250 50,00
Columbus	State	Zip Code 4 3 2.1 5	Form(Cash,Check,etc)
	1		Cash

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event					
\$	10	60.01			

I otal expenditures	this event
0	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

3	1-	E
R	C.	3517.10(B)

Event Date	11-04-05
Page	4

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 lame of Committee in Full Committee to Elect Andrea Peeples for Judge Full Name of Contributor Registration Number, if PAC Charlene Jones treet Address Employer/Occupation/Labor Organization* Amount 111 1014 50.00 State Zip Code Form(Cash,Check,etc) 1 H 43081 check Registration Number, if PAC Employer/Occupation/Labor Organization* 0405 25-00 Zip Code Form(Cash.Check.etc) OIH check 43068 Registration Number, if PAC Employer/Occupation/Labor Organization* 4400 Market Dr 111014015 25.00 Zip Code State Form(Cash,Check,etc) Gahanna OIH 43230 Cash Registration Number, if PAC Vernon Employer/Occupation/Labor Organization* Amount 5596 lo Isī 50.*0*0 Zip Code Form(Cash,Check,etc) Columbus 43230 Registration Number, if PAC Edward Street Address Employer/Occupation/Labor Organization* Amount 6058 Green Bay Court 25.00 State Zip Code Form(Cash,Check,etc) anal Winchester OIH 43110 check Registration Number, if PAC John Employer/Occupation/Labor Organization* 4668 25.00 0 4 0 5 State Zip Code Form(Cash,Check,etc) 1 blumbuc 43230 , check Full Name of Contributor Registration Number, if PAC Rethany A- Hammond Employer/Occupation/Labor Organization* 549 Illinois Ct 25,00 Zip Code Form(Cash,Check,etc) Westerville OIH 430 81 Check

ru!	m	the	boxes	below	only	on	the	last	page	for	this	event.
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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

	ept) -	$N_{ m p}$
Total contributions this event	Total expenditures this event	
		Page Total \$ 2500

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

31-E R.C. 3517.10(B)

Event Date	11-04-05
Page	12

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee to Elect Andrea Peeples for Judge Registration Number, if PAC Employer/Occupation/Labor Organization* Amount 11/014/015 2500 State Zip Code Form(Cash,Check,etc) 43227 Check Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* City Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash.Check.etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* City State Zip Code Form(Cash Check etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City Zip Code Form(Cash,Check,etc)

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total expenditures this event

lotal contributions this event				
\$250.00				

Time tripezzazzazza	Jan O v Olle
_	
<i>^</i>	
•	
_	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					· · ·		
Committee to Elect Andrea Peeples for	· Iudge	<u>.</u>					
Full Name of Contributor	Employe	т, Оссир	pation, Labor Organization *	Registr	ation Nur	mher. if P	N.C.
Jeromy Dodgion Ally at Law L.PA Street Address]						
	2023.00		em or Service	M D Y Fair Market Value			
1188 S. High Street	1 Po	sta	4 φ	110	120	015	280.39
City	Sta	ate '	Zip Code		ed at Fun		
Columbus		H	43706		YES		P NO
Full Name of Contributor			pation, Labor Organization *		ation Nur		AC
In-kind contributions received	at t	undr	raising event of		50 01	r les	S
	Descripti	on of Ite	em or Service	M / O	D 외5	015	Fair Market Value
City	Sta	ite	Zip Code		ed at Fund	1 1	
			1	[YES		NO
Full Name of Contributor	Employe	г, Оссир	oation, Labor Organization *	Registra	ation Nun	nber, if P	AC
In-Kind contributions received	at f	<u>ind</u>	raising event or	k 77	250	a les	22
Street Address	Descripti	on of Ite	em or Service	М	D	Y	Fair Market Value
	<u> </u>				014	0 5	
City	Sta	te	Zip Code	Receive	d at Fund		
					YES		NO
Full Name of Contributor	Employer	г. Оссира	ation, Labor Organization *	Registration Number, if PAC			
Street Address	Description	on of Ite	m or Service	M	D	Y	Fair Market Value
City	Sta	te	Zip Code	Receive	d at Fund	raising E	1/mrt?
					YES		NO
Full Name of Contributor	Employer	Оссира	ation, Labor Organization *	Registra	ation Nun	nber, if P	
Street Address	Description	on of Iter	m or Service	М	D	Y	Fair Market Value
City	Sta	te	Zip Code	Danaiye	4 at Euro	1	
··· •	1	<u> </u>	Zip Code	Receive	d at Fund YES	iraising c	vent?
Full Name of Contributor	Employer	Occupa	ation, Labor Organization *	Registra	ition Num	har if P	_
		•		I.Ug.	Litti i	loca, at a c	AC .
Street Address	Description	on of Iter	m or Service	М	T D	Γγ	Fair Market Value
· ·	1				1	1	Lan Marker A Sur
City	Stat	te	Zip Code	Receive	d at Fund	raising E	vent?
					YES		No
Full Name of Contributor	Employer	, Occupa	ation, Labor Organization *	Registra	tion Num	ber, if PA	
Street Address	Description	on of Iter	n or Service	м		T	I
			II OL GOLVIOO	1	D	Y	Fair Market Value
City	Stat	e	Zip Code	Received	d at Fund	minima Ev	107
	1	-			YES	laising L.	NO
Full Name of Contributor	Employer,	Оссира	ation, Labor Organization *		tion Num	ber. if PA	
				. •	7	,	
Street Address	Descriptio	n of Iten	n or Service	M	D	Y	Fair Market Value
City	Stat	c [Zip Code	Deceived	d at Fundi	-ining E₁	
			ap cout		YES	alsing Ev	Pent?

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Committee to Elect Andrea Peeples for	r Indge					
Full Name	Jauge		Registration Number, if PAC			
Calvin L. Peeples						
Address	Type*		M D Y Amount			
6401 Stoll Lane	1411		107795 3000.00			
City	State	Zip Code	Form(Cash,Check,etc)			
Cincinnati	0 11+	45-236	Check			
Full Name	,,,		Registration Number, if PAC			
Calvin L. Peeples			<u>_L</u>			
Address	Type*		M D Y Amount			
6401 Stoll Lane	L /V		1027056500-00			
City	State	Zip Code	Form(Cash, Check, etc)			
Cincinnati Full Name	0 14	45236	check			
run Name	Registration Number, if PAC					
Address	Type*	·				
Calvin L. Peeples Address 6401 Stell Lane	L N		M D Y Amount [1] 0 2 0 5 (COO.00)			
City City	State	Zîp Code	[] [0 2 0 5 (COO.OC) Form(Cash,Check,etc)			
Cincinnati	0 11+	45236	check			
Full Name		10 200	Registration Number, if PAC			
	Registration Number, It FAC					
Address	Type*		M D Y Amount			
			Amount			
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Туре*		M D Y Amount			
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
A 11						
Address	Type*		M D Y Amount			
77						
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name						
I mi lame	Registration Number, if PAC					
Address	Type*					
, post con	Туре		M D Y Amount			
City	State	Zip Code	Form(Cash,Check,etc)			
	1	Zip code	round casii, check, etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M D Y Amount			
			Amount			
City	State	Zip Code	Form(Cash,Check,etc)			
		·	,			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 10 500,00

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Andrea Peeples for Judge								
To Whom Paid Buckeyp Printing + Mailing Services Inc. Address Pumpose								
rurpose			7,000,02					
State	Zip Code	Check Number						
10111	143912	M D Y	Amount					
To		1102505						
Rac	dio Buy							
State 11	Zip Code	Check Number						
		M D Y	Amount 15 000,00					
Purpose Televis	ion Buy - Advert	ISING						
State O H	Zip Code / 43 2.15	Check Number						
		M D Y	Amount 10 703.20					
Purpose Te levis	sion Buy - Adver		· · · · · · · · · · · · · · · · · · ·					
State	Zip Code	Check Number						
rices Inc		M D Y	Amount 2532.11					
Purpose								
State O H	Zip Code 43215	Check Number 1033						
		M D Y 1 0 5	Amount 50.00					
Purpose Refund	Exess Contribution	on						
State	Zip Code 43026	Check Number 1034						
		M 103015	Amount 5280.42					
Televisi	ion - Advertising							
State 14	Zip Code 43215	Check Number 1036						
		M D Y	Amount 13.をO					
Purpose Photo (opies							
O H	Zip Code 43 215	Check Number 10 3 7						
	Purpose State O H Purpose Televis State O H Purpose Televis State O H Purpose Litera State O H Purpose Refund State O H	Purpose Literature + Mailing State Zip Code O H 43015 Purpose Radio By State Zip Code O H 43215 Purpose Television By - Advert State Zip Code O H 43215 Purpose Literature Zip Code O H 43215 Purpose Purpose Zip Code O H 43215 Purpose Zip Code O H 43215	Purpose Literature + Mailing State Zip Code O H 43915 Purpose Radio 1304 State Zip Code O H 43215 Purpose Televisien Buy - Advertising State Zip Code O H 43215 Purpose Televisien Buy - Advertising State Zip Code O H 43215 Purpose Televisien Buy - Advertising State Zip Code O H 43215 Purpose Televisien Buy - Advertising State Zip Code O H 43215 Purpose Literature State Zip Code O H 13215 Purpose Refund Exess Contribution State Zip Code O H 13215 Purpose Refund Exess Contribution State Zip Code O H 13215 Purpose Refund Exess Contribution State Zip Code O H 13215 Purpose Refund Exess Contribution State Zip Code O H 13215 Purpose Refund Exess Contribution State Zip Code O H 13215 Purpose Refund Exess Contribution State Zip Code O H 13215 Purpose Refund Exess Contribution State Zip Code O H 13215 Purpose Refund Exess Contribution State Zip Code O H 13215 Purpose Purpose Refund Exess Contribution State Zip Code O H 13215 Purpose Purpose Purpose Refund Exess Contribution State Zip Code O H 13215 Purpose Purpose Refund Exess Contribution State Zip Code O H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

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Statement of Expenditures

Prescribed by Secretary of State 2/01

N								
Name of Committee in Full								
Committee to Elect Andrea Peeples for Judge								
To Whom Paid			M D Y Amount					
Brainstorm Media Inc.			1111705 24307					
Address	Purpose	· · · · · · · · · · · · · · · · · · ·						
1480 Dublin Road	Production-television advertising							
City	State	Zip Code	Check Number					
Columbus	DIO!	43215	1038					
To Whom Paid		1 10 -10	M D Y Amount					
Field Possurce Management 1	w (1111705 2872.50					
To Whom Paid Field Resource Management Address	Purpose		111110P 2812.30					
3246 W. Henderson Road - A	1 -							
City	State	Zip Code	05 1 1 1					
Colomabase	1 .	43220	Check Number					
City Columbus To Whom Paid	OH	49770	10 39					
to whom raid			M D Y Amount					
JW Cleary			1111705 962.61					
Address	Purpose							
1511 Northwest Blud		Signs						
City	State	Zip Code	Check Number					
Columbus To Whom Paid	OH	43212	1040					
			M D Y Amount					
JW Cleary	111 117 05 1491.51							
Address								
1511 Northwest Blud	Purpose Yand Signs							
City	State	Zip Code	Check Number					
Columbus	OIH	Zip Code 43 21 2_	1041					
To Whom Paid								
Andrea Peeples								
Address	Purpose		120805 60.63					
5596 Winsor Woods	D	1 - 7/-	1					
City	REIMIDE	vrsement - Telep Zip Code	onen e					
Columbus	OH	43230						
To Whom Paid	0 1 1	73230	1042					
To Whom Paid Pay Pul			M D Y Amount					
Address	15		102505 3.20					
Address	Purpose	ra 01						
A1.		ce Charge						
City	State	Zip Code	Check Number					
	<u></u>							
To Whom Paid			M D Y Amount					
Address	Purpose							
	1		·					
City	State	Zip Code	Check Number					
	1	1						
To Whom Paid	·		MIDIV					
M D Y Amount								
Address	- IDurana							
·	Purpose							
City	Ca.a.	Tin Code						
	State	Zip Code	Check Number					
	<u> </u>	<u>1</u>						

	7
Page_	<u> </u>

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee Committee to	Elect	Andrea f) ووېار	es fo	r Ju	dge	·—··				
From Whom Received Calvin People								Amount	00	Amt. Incurred this Period	
6401 Stoll Lar						·				Outstanding Balance	
Cincinnati.	State O H	State Zip Code Loans Received This Period						Payments This Period Date Amount			
Pare Loan was originally () forming a long and a constant	. M3	1 6 05	H O	D 2 2	Y 0 5	3000.00	М	D	Y	s O	
Registration Number, if PAC			M	2 7	015	6500.00	М	D	Y		
Employer/Occupation/Labor Organization	ion*		M	012	015	-	М	D	Y		
From Whom Received				 - ,	<u> </u>		Prior A	Amount	.1	Amt. Incurred this Period	
Address										Outstanding Balance	
City	State	State Zip Code Loans Received This Period Date Amount						Payments This Period Date Amount			
ore Lagrance programmy attention to the content of the content o	M	D Y	M	D	Y	\$	М	D	 Y	\$	
Registration Number, if PAC		<u> </u>	М	D	Y		М	D	Y		
mployer/Occupation/Labor Organizati	on*		М	D	Y		М	D	Y		
rom Whom Received							Prior A	Prior Amount Amt. Incurred this			
Address						· · · · · · · · · · · · · · · · · · ·				Outstanding Balance	
City	State	Zip Code	Lo	ans Recei Date	ved This	Period Amount		Payments This Period Date Amou			
date Loan was original and the	М	D Y	М	D	Y	s	М	D	Y	\$	
Registration Number, if PAC	1	**************************************	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organizati	on*		М	D	Y		М	D	Y		
Required for contributions over \$100 f any, rather than employer should be line employees are members, if any, must	isted. If two c st appear. R.C	ormore employees of 3517.10(B)(4)	donate via	payroll de	eduction a	and exceed the aggregat	e of \$100, the	labor organ	ization o	of which	
f a loan is forgiven, write "Forgiven" in fransfer total of all payments made in the Total prior amount \$	his period to t	nding Balance" space the Statement of Ex	ce. Transf cpenditure	er total of s (Form N	all loans (o. 31-B).	received this period to to Transfer Total Outstan	he Statement o ding Balance t	of Other Inc the cover	ome (For	гш No. 31-A-2). эгш No. 30-A).	
2 Total received this period \$		0.00		_ (To Fon	m No. 31	-A-2)					
3 Total Payments this Period \$	C	> -	18 13 ¹⁷ 18 18			orm 31-B)					
4 Total Outstanding Balance \$	25 57	00.00		/TF F	m Na 30.						